



**HUNTER EDUCATION PROGRAM**  
**Wyoming Game and Fish Department**  
**HE Class Walk-in Student Enrollment**  
**For HE Instructor use only.**



Email to: joetta.osborn@wyo.gov

**Email copy to the HE STATE OFFICE after first class session and keep a copy for Instructor's records**

**Instructor Name and Inst Number :** \_\_\_\_\_

**Instructor Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date Class Began:** \_\_\_\_\_

**Date Class Ended:** \_\_\_\_\_

**Class #:** \_\_\_\_\_

**County:** \_\_\_\_\_

	Student name – FIRST, MI, LAST	Phone	M-F	DOB	Sportsman ID Number or last 4 digits of SSN	Email address	Physical address City, State & Zip Code	Pass, Fail or Drop
1.								
2.								
3.								
4.								
5.								

**\*\*All of the above fields are required for walk-in hunter education class registration.**

The following information is required under the Civil Rights Act of 1964, Title VI, and must be obtained by visual inspection only.

Number of Minority Students: \_\_\_\_ Black \_\_\_\_ American Indian \_\_\_\_ Hispanic \_\_\_\_ Oriental